

**FEB 18 1937** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

2248

1. PLACE OF DEATH

County Miller  
Township Edson  
City Edson (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 561  
Primary Registration District No. 4330

File No. \_\_\_\_\_  
Registered No. 3

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF D. C. Hammond  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1876  
8. AGE YEARS 76 MONTHS 11 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) Missouri

13. NAME John L. Withers

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Mattie Barber

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT D. C. Hammond (ADDRESS) Edson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edson DATE Jan 28 1937

19. UNDERTAKER Phillips Funeral Home (ADDRESS) Edson, Mo.

20. FILED Jan 26 1937 Belle Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1937, to 1-24, 1937. I last saw her alive on 1-24, 1937. Death is said to have occurred on the date stated above, at 10:55 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 1-24-37

Other contributory causes of importance: Fracture of right femur chronic years

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_

(Signed) E. C. Shelton, M. D.  
(Address) Edson, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

